

EDMOND TOWN HALL
45 MAIN STREET
NEWTOWN, CONNECTICUT 06470
TEL. (203) 270-4210
FAX (203) 270-4205



CYNTHIA S. SIMON
TOWN CLERK

TOWN OF NEWTOWN

OFFICE OF THE TOWN CLERK

Registrar of Vital Statistics

APPLICATION FOR BIRTH CERTIFICATE

_____ TYPE A

\$5.00 – FULL CERTIFIED COPY
(SUFFICIENT FOR ALL LEGAL PURPOSES)

_____ TYPE B

\$5.00 – CERTIFICATION OF BIRTH
(WALLET SIZE)

I am applying for the Birth Certificate of:

Full Name _____ Date of Birth _____

Place of Birth _____ Race _____

INFORMATION ON ABOVE PERSON'S FAMILY

Mother's Full Maiden Name _____ Birthplace _____

Father's Full Name _____ Birthplace _____

PERSON MAKING THIS APPLICATION

I certify that this is:

___ My Own Birth Certificate (If 18 years or older)

___ My Child's Birth Certificate

___ My Grandchild's Birth Certificate

___ The Birth Certificate of a person I lawfully represent

___ My Parent's Birth Certificate

___ My Grandparent's Birth Certificate

___ My Spouse's Birth Certificate

Indicate correct relationship above.

Written signature of applicant _____

If applicant is a minor (under 18 years of age) parent or guardian must make application for a complete certified copy.

Applicant Identification

Address: _____

Date: _____

REQUESTS MADE BY MAIL MUST BE ACCOMPANIED BY A PERSONAL CHECK